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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Division of (n Section Corporations				
	STONE REAL ESTATE, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles	s of Amendment and feets) are submitted for filing.				
Please return all corre	espondence concerning this matter to the following:				
	David Hurvitz				
	Name of Person				
	GRAYSTONE REAL ESTATE, LLC				
	Firm Company				
	3001 N. ROCKY POINT DR E., SUITE 200				
	Address				
	Tampa, FL 33607				
	City/State and Zip Code				
	dhurvitzlaw@gmail.com E-mail address: (to be used for future annual report notitication)				
For further information	on concerning this matter, please call:				
David Hurvitz	352 246-8315 at+				
Nar	me of Person Area Code Daytime Telephone Number				
Enclosed is a check f	for the following amount:				
■ \$25,00 Filing Fee	e S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy radditional copy is enclosed) Certified Copy radditional copy is enclosed				
e second rung rec	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy				

MAILING ADDRESS:

. TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAYSTONE REAL ESTATE, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 12/20/2016	and assigned
Florida document number L16000229481		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	Hiability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	AUG
Enter new mailing address, if applicable:		CORPORATIONS
(Mailing address MAY BE A POST OFFICE BOX)		
		3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angel Acosta	2202 N. Westshore Blvd.,	⊟ Add
		Ste. 200, Tampa, FL 33607	□ Remove
			☐ Change
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diffective (If an effective	date, if other thar e date is fisted, the dat	i the date of til e must be specific	and cannot be price	or to date of filing o	or more than 90 days	after filing.) Pursus	ant to 605.02
<u>Note:</u> If th	se date inserted in the seffective date on t	nis block does no	ot meet the appli	cable statutory t	iling requirements	, this date will no	n be listed :
ne record	d specifies a dele th day after the	ayed effective	e date, but n	ot an effectiv	e time, at 12:	01 a.m. on th	e earlier
The 90	in day after the	record is me	su.				
Aug Dated	just 6th		2018				
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				1/2/	/ _		
		Signature o	it a menume or aut	horized representa	tive of a member	·	_

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Filing Fee: \$25.00